DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

TEMPORARY HOUSING INFORMATION UPDATE

NAME OF APPLICANT	TELEPHONE NO.	APPLICATION NO.

CURRENT STATUS *(If changed)*	CURRENT ADDRESS (If changed)
☐ Eligible ☐ Ineligible-insurance ☐ Withdrawn ☐ Ineligible-other	

CHANGE	DATE	ACTION TAKEN	INITIALS

PREPARED BY		APPROVED BY:	
HOUSING REPRESENTATIVE	DATE	SUPERVISOR	DATE